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ABSTRACT

The literature on consultation generally concerns itself with philosophy, role definition and techniques, identifying what is done in consultation but falling short of explaining how to do it successfully. This model focuses on this "how to" process, guiding the practitioner through the various decision points which characterize the dynamic nature of the consultation process. The consultation stages, which may occur simultaneously, include entry into the system, problem identification, problem definition, intervention planning, consultation assessment, and the conclusion of the relationship. The various levels of functioning and their primary goals sequentially are: direct service to the child, focussing on the child; indirect service to the child, focussing on changing classroom behavior through extrapersonal factors; direct service to the teacher, focussing on teacher improvement; and service to the school system, focussing on behavior change while improving the school's general functioning and communication patterns. A flow chart demonstrates the integrated way in which the consultation process is viewed. Case material demonstrates the operation of the model and flow chart. (Author/LS)

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The Stages of Consultation: A Dynamic Process[1]

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The material presented in this paper has been elaborated upon and will appear in chapter form in a book by J. Meyers, R. Parsons, and R. Martin entitled: Mental Health Consultation in the Schools, Jossey-Bass, Inc., Publishers (in Press).

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Consultation in the schools is a concept which has been discussed and written about frequently in recent years. With the increased prominence of preventive mental health service techniques; the focus on indirect services by writers in the pupil personnel field; and the advent of consultation and education units attached to community mental health centers, it has become fashionable for professionals to call themselves "consultants". The end result of all of this interest is a situation in which many professionals use the term, few understand its meaning clearly, and even fewer know how to implement consultation effectively.

Presently a variety of independent methods have been offered as appropriate for consultation in the school setting including: Behavior Modification (e.g., Bergan & Caldwell, 1967; Hall, Cristler, Cranston & Tucker, 1970); Task Analysis (e.g., Engelemann, 1967; Forness, 1970; Valett, 1968); Consultee-centered case consultation (Caplan, 1970; Fine & Tyler, 1971; Meyers, 1975); Teacher training;(Hyman, 1974; McDaniel & Ahr, 1965); and Psychoeducational Diagnostics (Caplan, 1970; Mannino & Shore, 1975; Meyers, Martin & Hyman, 1977) to name but a few. The variety of techniques and methods appropriately defined under the rubric of consultation are impressive for the great flexibility it allows the mental health specialist in the schools, however, the conceptualization of such diversity under a single framework is somewhat of an awesome task.

For purposes of discussing consultation process, this author has chosen to present the varied contents of consultation by using the framework previously described by Meyers (1973). This model conceptualizes four different types of school consultation which vary in terms of how directly the

service is provided to the child by the consultant. It is important to note that this model considers each of these approaches in an integrated fashion rather than as separate models, since it is this author's opinion that a consultant working in schools will often find it necessary to provide service using each of the different approaches. Moreover, by conceptualizing these approaches within such an integrated model it becomes clear that there should be a shift in emphasis from role functions, such as testing and counseling which involve direct contact with the child, to other more indirect approaches toward the delivery of mental health services.

The first level of functioning is termed Direct Service to the Child and the primary focus is on the child. The consultant's tasks include diagnostics, treatment and/or referral. However, unlike traditional psychodiagnostic or counseling models, the focus here places emphasis on extrapersonal factors and indirect treatment implementation by the consultee (e.g., teacher). The second level involved Indirect Service to the Child, and the primary goal is to change behavior in the classroom with a focus on extrapersonal factors such as curriculum, teaching techniques and teacher-student interaction. Direct Service to the Teacher is the third level of the model and the major aim is to increase the teacher's understanding, skill and objectivity. Finally, Service to the School System is where the consultant develops inservice training, helps to change various behaviors of subgroups within the school and participates in improving the general functioning and communication patterns of the school.

A cursory review of the consultation literature makes it clear that while many authors have addressed this issue of "what" constitutes

consultation (e.g., Lambert, Yandell, & Sandoval, 1975; Meyers, 1973), few have presented literature of a "how to" nature. This relative absence of literature of a "how to" nature can be attributed in part to the fact that the process of consultation has been insufficiently analyzed (Lambert, 1974). With the exceptions of a few studies (e.g., Bergan & Tombari, 1976; Moore & Sanner, 1969; Meyers, 1975; Parsons, 1977; Parsons & Meyers, in press), the interchange between consultant and consultee has been left to arm-chair theorizing, absent of accurate description or empirical support.

One result of this condition is that while one is left with a sense of what needs to be done, such a sense is accompanied by a feeling of frustration in the absence of knowing how to do it. The discussion to follow is presented as one attempt at ameliorating this situation. This paper presents a model from which to guide the practicing consultant through the various decision points which characterize the dynamic stages of the consultation process.

The Stages of Consultation

The process of school consultation can be conceptualized in terms of periods or stages. These stages include: a) Entry into the system, b) Problem Identification, c) Problem Definition, d) Intervention planning, e) Assessment of the impact of consultation, and f) Concluding the relationship. It should be noted that even though these stages are to be defined in a discrete manner, they often do not occur separately in practice and they do not necessarily occur in an invariant order. Instead, a consultant may often operate at more than one "stage" simultaneously and the consultation process may progress back and forth through these stages in a

cyclical fashion.

Entry into the system. The process of entering the school system involves two types of acceptance. First is the formal step of negotiating a consultation contract with the organization and secondly, obtaining acceptance by the caretaker (e.g., teacher). Although this second facet is less formal than the first, it is equally important.

The first step in establishing a consultation program in the school is to negotiate a contract with the relevant administrators. It is often important when negotiating with school administration to obtain sanction for the consultation role from the highest level administrators. This will insure that the proposed program or role has support from the top and often this will prevent the type of resistance to a consultant's functioning which can be fostered by administrators. Of course, when openly obtaining such administrative sanction, the school consultant runs the risk of alienating some teachers who might view him/her as too closely alligned with the administration. This close allignment would be feared if consultees felt that the consultant passed information about teachers to administrators, or if teachers felt that the consultant might be forced on them by administrators. In order to minimize this issue, the consultant can emphasize openly to all concerned that the consultation relationship is confidential, and that consultation is offered only to those who seek it.

Other than negotiating with relevant administrators, another consideration when negotiating a consultative contract is that it is crucial to determine the perceived needs of the school or school system and to use an understanding of these needs as a partial basis for developing an

initial consultation contract. For example, a school system may feel a strong need for individual psychological service (i.e., individual counseling or diagnostic testing). When this is the case, often it may be unrealistic to offer a consultation program which emphasizes direct service to the teacher or system. Rather, it would be preferable to establish a contract which is designed to meet the systems needs but within a framework acceptable to the consultant. Thus in this instance an initial consultation contract might call for a high degree of consultation focused on direct service to the student.

A third important point to remember when negotiating the initial contract is to present clearly a rationale for the consultation approach. In this manner, the consultant makes his/her frame of reference explicit. Thus even when an initial contract includes a heavy focus on direct service to the student, it is clear from the beginning that the consultant's long range goal is to work preventively by providing indirect service to the child, direct service to the teacher and direct service to the organization (system) where appropriate.

Finally, it is important to establish open communication and to encourage a discussion of any reservation or objections from the beginning. This point is felt to be so important that even when no reservations or concerns are aired, the consultant might raise typical concerns in order to be sure there are no problems. Further, it is important in such negotiations to keep open the possibility of either the administration or the consultant renegotiating the contract. This makes it clear that the consultant welcomes feedback from the administrators regarding his/her

functioning, while also leaving the consultant a clear option to suggest change.

Just as it is important to establish a contract with the administration before implementing a consultation program, it is equally important to gain entry at the level of the teacher(s). The teacher(s) needs to know what to expect from the consultant and the consultation relationship.

One of the first steps in negotiating an informal contract with the teacher should include a review of the process of consultation. From the onset, the consultant should make it clear that s/he will focus his/her attention on the teacher as opposed to the child. It should be understood that the relationship is confidential, and that no one in the school, including the principal, teachers, etc., will be informed by the consultant of what occurs during consultation.

It is important to stress at the beginning of consultation that the teacher should feel free and, in fact, that the teacher has a responsibility to contribute ideas and suggestions. For example, the teacher can be informed that recommendations developed in consultation are most likely to be implemented successfully if the teacher is actively involved in establishing these recommendations. Furthermore, the teacher should be encouraged to feel free to reject any suggestion that might be made by the consultant, or to modify any suggestion so that it is more consistent with the teacher's style, schedule, personal characteristics, or the characteristics of the children which are his/her responsibility.

Following an explanation and description of consultation the consultant should attempt to verify that the description is consistent with

the teacher's expectations. If there is any hint that the teacher may not have understood the process originally, the consultant should communicate that there is no obligation to continue. Moreover, even if there is no hint of misunderstanding, it may often be a good idea for the consultant to state explicitly that there is no obligation for the consultee to continue if s/he has doubts about the consultation process providing the necessary help.

Problem Identification. Once the initial entry into the system has been completed and staff acceptance begins to manifest itself by way of referrals, the consultant enters the next stage of consultation, problem identification. Following the reception of a referral or a request for assistance, the consultant's first task is to make sure that the referring agent understands the consultative process and wants to proceed. Once this is settled the first consultation interview will continue. There are some factors relevant to this first interview that have important bearing on the development of the consultation relationship. One critical point is that the remainder of this session generally is devoted to information gathering. The consultant should be careful to avoid giving a diagnosis or specific suggestions during this first meeting regardless of how obvious the case may appear and regardless of the consultee's pressure for "answers". One reason is that a quick response could make the teacher feel foolish. If the problem is so obvious, then the teacher might feel that it should have been obvious to him/her also. Further, by gathering more data rather than providing quick answers, the consultant helps to maintain some of the consultee's anxiety which should promote productive change by the consultee.

In addition to information gathering one of the major tasks of the consultant during problem identification and one of the key decisions which effects the process of consultation is determining the level at which the consultant will work (i.e., direct service to the child, indirect service to the child, direct service to the teacher, service to the system). The specific consultation techniques will vary significantly depending on which level of functioning the consultant so chooses. Even though in practice the consultant can and will work at more than one level simultaneously, a decision as to the appropriate level of consultation will be important in focusing the consultant's efforts.

In view of the preventive goal of attempting to reach the largest number of children possible with relatively long term effect, it is generally more desirable for the consultant to operate at the indirect levels of functioning (i.e., indirect service to the child, direct service to the teacher, and service to the system). Furthermore, since it is likely that organizational factors can interfere with the short and long term effectiveness of consultation, organizational consultation (direct service to the system) should be the consultant's first choice when there are relevant problems. Once organizational factors are ruled out, preventive efforts should focus on teacher related problems. The order of priority for choosing the various levels of consultation, along with the stages in the consultation process are depicted in the following flow chart.

Insert Chart here.

For explanatory purposes it should be noted that after negotiating a contract the consultant may have to begin working at one of the levels of consultation lower on the chart than seems optimal from the consultant's point of view. For example, in one case a teacher requested help controlling two disruptive students in the classroom (Meyers, 1975). A decision was made to offer some behavior management suggestions regarding the children's disruptive behavior thus trying to provide indirect service to the students. Actually the consultant noted that the entire class was out of control and the teacher really needed help with her teaching style and thus direct service to the teacher (Level III) would have been more appropriate. However, the teacher seemed insecure in relation to the consultant and the initial contract informally negotiated with the teacher called for indirect service to the child. Further, by choosing to work at the lower level, the consultant was able to establish credibility and thus provide himself with a foundation from which to later renegotiate the contract in order to focus directly on the teacher.

Problem Definition. Having identified the problem and the level at which the consultant will attempt to provide service, the next step in the consultation process is to define the problem in detail. In all efforts to define the problem, regardless of the level at which it is considered, one consistent underlying principle is that behavior is a function of a person and his environment. Thus, in addition to gathering adequate data about the referred child, inevitably it will be necessary to gather detailed information regarding different aspects of the relevant environment.

When the focus is primarily on the child and his environment (i.e.,

direct or indirect service to the child), then problem identification would include learning about the child's acting out behavior, low achievement, dependency, rebellion against authority, apathetic behavior, etc. On the other hand, when the focus of consultation is on the teacher, one step in problem definition is to determine whether the problem is an example of lack of knowledge, lack of skill, lack of self-confidence or lack of objectivity. The implications of these categories for consultation have been discussed elsewhere (Caplan, 1970; Meyers, Parsons, and Martin, in press) and the interested reader is referred to these sources for such an elaboration.

Finally, when the focus is on the system, the scope of problem definition becomes much broader, as it may consider any of the many subgroups associated with the school (e.g., administrators, teachers, students, parents, etc.). Diagnostic skills are used in helping the organization to develop effective intervention strategies by using interviews, surveys and questionnaires. The effort to define the problem attempts to discover whether there are any impediments to communications, whether there is confusion as to the organization's goals and whether there is some significant weakness in problem solving.

Consultation Intervention. For purposes of the present discussion consultation intervention has been designated as independent of the other stages. While there is justification for the categorization of intervention as a separate stage, it must be noted also that in some sense this is arbitrary. Actually, consultation interventions take place throughout the consultation process. For example, the process of problem definition

may be enough to stimulate the teacher to begin making significant changes in the classroom with no further consultation. Yet, typically there is a portion of time devoted specifically to discussing intervention plans.

The specifics of such intervention planning will vary as a function of the referral problem, the entry level of consultation and the ecology of the setting.

Assessing Impact. Once the problem has been identified and defined, and once the consultee (e.g., teacher) and consultant have agreed upon some intervention approach(es), the next step is to assess the impact of the intervention. It is this author's strong conviction that a consultation relationship should not end without attempting to assess its effects. When such evaluations are not completed, then the consultant may be misled into thinking that unsuccessful consultation was successful. What is worse, when the consultant avoids the objective evaluation of services then s/he runs the risk of falling into the trap of traditional psychological services teams that are judged by the number of diagnostic cases completed or the number of counseling cases carried rather than effectiveness.

Concluding Consultation. It has been noted previously that one of the principles which underlies consultation is that the consultee has the complete freedom to discontinue the consultation relationship at any time. However, in those cases that proceed through the stages of entry into the relationship, identification and definition of the problem, determination of intervention plans and evaluation, the process of ending consultation should be handled carefully. At the conclusion of a consultation relationship, the consultant should be careful to leave the teacher with an open

invitation to seek further consultation if the problem re-occurs (or, of course, if any other problems emerge). One way this availability may be conveyed to the consultee (i.e., teacher) is for the consultant to make occasional follow-up visits to the teacher's class in an effort to see how things are going and to demonstrate his/her general interest in the teacher.

A Case Presentation with Flow Chart Analysis.

While working as a Psychologist in a community youth counseling center and functioning as a consultant to a number of the community's private elementary schools, this author experienced one situation which is felt to exemplify the process of consultation as previously depicted.

One of the feeder schools to the youth counseling center had shown only a moderate interest in our center's resources. They made a number of referrals to the center with the focus always being on direct service to the child (i.e., diagnostic evaluations and therapy). Further, they declined all invitations to involve the center's staff at some other levels of consultation involvement (e.g., teacher training). Approximately 18 weeks into the academic year this situation began to change drastically. Our staff started to notice a radical increase in the number of referrals made by this school. The case referrals jumped from an average of 2 per week to 14 per week over a two week period. The overwhelming increase in the number of referrals, along with their similarity in nature (i.e., all primarily classroom management problems) suggested that the direct service model presently employed would no longer be efficient. Thus a conference was scheduled with the principal in order to propose a "new" method of

service delivery (ENTRY-NEGOTIATING CONSULTATION CONTRACT). At the time of the meeting the principal was informed about the nature and format of consultation along with the procedures to be employed. Special attention was given to the fact that the staff would employ indirect service to the child, with the hopes that such would have a widespread influence on other potential problem areas and thus be cost-efficient. Although the principal expressed a preference for having the children removed from the classroom for their "help", the possibility of supplying a broader based population for less money interested her. Further, the reality that the present 28 new referrals would have to be placed on a lengthy waiting list created a condition under which she was willing to try the suggested procedure. It should be noted that throughout the presentation of the rationale and role definition, the principal directly verbalized her serious doubt about the potential effectiveness of this "novel" approach. Thus it became even more apparent to this consultant that program evaluation techniques (i.e., Assessment) had to be built into the counsultation program.

Through the discussion with the principal, it was decided that the primary problem was that the teachers lacked good classroom management skills (PROBLEM IDENTIFICATION). Further, she suggested that perhaps if we observed the referred children in the classroom we may better determine what specifically needed to be done (PROBLEM DEFINITION). We thanked the principal for her invitation and praised her apparent insight. Next we suggested that in order to enter at such a level of consultation (Level II; Indirect Service), we would need to speak with the teachers in order to enlist their assistance. A meeting was scheduled during which we explained

what consultation was all about, noting the responsibilities of the teachers, as consultees (ENTRY-Teacher Acceptance).

During the discussion with the teachers it became apparent (through their questions and critical comments) that they felt they could not possibly be expected to do one more thing (e.g., gather baseline data) since they didn't have a single extra moment in their busy day. Their discussion made it clear that any attempts at Level II consultation would be ineffective (ASSESSMENT) and thus the consultant attempted to re-enter at another level.

Their generalized complaints eventually led to specific criticism of the school's organizational and administrative system (PROBLEM IDENTIFICATION). The teachers, however, showed some apprehension about elaborating upon their complaints. Therefore, the consultant then stated that he would distribute an anonymous questionnaire on which the teachers could identify what they felt to be the most pressing need to be addressed by the consultants (PROBLEM DEFINITION).

The returns noted that the teachers viewed the school as too impersonal, mechanistic, punch-clock oriented. They felt overworked and little appreciated by administration and noted that the atmosphere was basically cheerless and strictly work oriented. Further the teachers noted their frustration about the lack of opportunity to develop meaningful association with their fellow workers and to provide input into the decision making procedures for the school (being that all decisions and communications flowed unidirectionally from administration to staff).

The dissatisfaction aired on the questionnaires found direct

behavioral expression in that the teachers showed a high rate of turnover (e.g., out of the last three years only 3 of 18 teachers stayed more than one year); a high degree of teacher absenteeism; and ventilation of their feelings of frustration within the classroom (via yelling, crying, etc.).

After receiving and analyzing the questionnaires, the consultant returned to meet with the principal in order to re-negotiate the original consultation contract (ENTRY). During this meeting the consultant noted that because the teachers spent the entire work day in their classrooms (even eating lunch there with the students) the consultant found it impossible to discuss cases or provide feedback to them. As such he requested that the school's schedule be slightly modified so as to start class on Friday one hour later (SERVICE TO THE SCHOOL--INTERVENTION). Even such a minor revision in the traditional structure was met with a great deal of resistance from the administration but because the consultant had proven helpful in working with the "problem child" (i.e., Direct Service to the Child), the administration acquiesced to the request.

Initially, the teachers were required to attend the 8 to 9 a.m. "free period" on these Fridays and the principal noted their promptness and attendance by way of recording their names and times of arrival on a work sheet. Such a formal stipulation made these early sessions extremely forced, artificial and generally unproductive. However, the consultant attempted to establish the desired congenial, informal atmosphere by providing coffee and donuts, informally joking with the teachers and principal and acting as a role model, often entering and leaving the 'meeting room' at will. It should also be noted that during these initial meetings, the

consultant would meet with the principal following each session in order to discuss what had been "accomplished". During these feedback sessions the consultant emphasized the importance of voluntary participation and the need for the establishment of a non-threatening atmosphere. By the third such meeting, faculty started bringing their own baked goods which acted as a catalyst for joking, mock baking competition, informal recipe sharing, etc., all of which created a sense of ease and informality within the room. Similarly, by this third week the principal appeared without her roll book and generally began to relax, exchanging informal pleasantries with her teachers (e.g., recipe sharing, complimenting on classroom decorations, etc.).

These weekly sessions soon became a major mechanism for teacher-to-teacher communications and the eventual development of a sense of community; a means for ventilating the everyday normal frustrations of a classroom teacher and a vehicle for airing faculty concerns to the principal. In all, this one minor modification in the extremely rigid structure of the school allowed for the diffusion of tension existing in and amongst school personnel and fostered the development of a supportive comaradery among the school staff.

The end result of this strategy (ASSESSING IMPACT) was that teacher turn-over was reduced in comparison to previous years (only 4 teachers left, two because of pregnancy); absenteeism (teacher) decreased throughout the remainder of the academic year and teacher self-reports reflected a feeling of belonging to the school body and a feeling that their contributions were meaningful. Further, the number of referrals for Psycho-educational

Diagnosis or Therapy reduced from the experienced 10 to 14 per week to an average of one per week (over the next five weeks).

Since the specific circumstances (i.e., 24 referrals) from which the intervention strategy had generated was no longer a concern (i.e., with the teachers' new relaxed attitude they were better able to deal with the classroom management problems on their own), the consultant terminated his involvement (CONCLUDING CONSULTATION). However, the coffee clatch which was developed continued, and the consultant would frequent these Friday morning sessions in order to demonstrate his availability and to seek new referrals.

Finally, it is noteworthy that with the success of this intervention plan the consultant was able to re-define his service orientation and to take an almost exclusive indirect service delivery orientation. Further the success of this service to the system helped pave the way to future requests for similar, more specific types of intervention and services to the school as an organization. And in this particular situation, the consultant found his next request for service (RE-ENTRY) to involve the presentation of an in-service (LEVEL III) training program on Rational-Emotive Principles within the classroom (Parsons, Feuerstein, & Stone, 1977).

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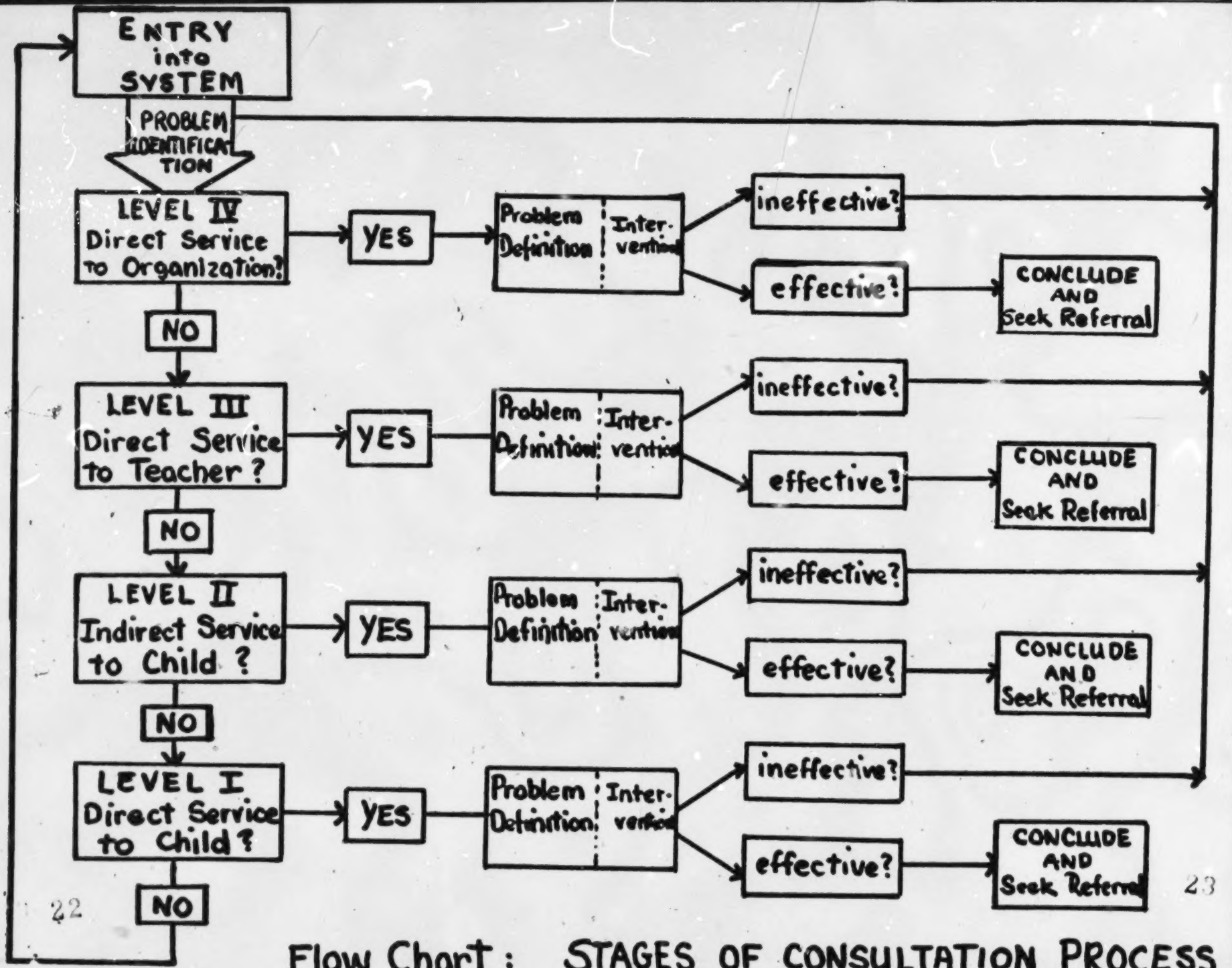

Flow Chart: STAGES OF CONSULTATION PROCESS